

CITY OF WEST ALLIS
CIVIL SERVICE COMMISSION
WEST ALLIS, WISCONSIN 53214

Announcing an OPEN and PROMOTIONAL examination for the position of:

PLAN REVIEWER
Department of Building Inspections & Neighborhood Services

DUTIES: A Plan Reviewer is primarily responsible for the review of construction plans for new/existing buildings, renovations, and remodeling work. This employee reviews building applications, plans, site plans, plan revisions, architectural drawings, engineering drawings, electrical and plumbing diagrams, equipment specifications and related documents for compliance with the City's Building, Heating and Ventilation, Plumbing, Electrical, Zoning and Sign codes. Typical duties include: reviews building plans for compliance with construction codes and regulations; prepares written reports on code discrepancies and code violations; develops, maintains, and updates records of codes and plan reviews; interprets codes, ordinances, and regulations and issues department codes interpretations; provides information and technical assistance to the public and to co-workers; assists the public in preparing applications for plan review submittal; discusses construction plans, permit procedures, status of plan reviews, problem areas, changes/needed corrections; recommends solutions to problems; responds to questions or complaints, researches problems, and initiates problem resolution; serves as general resource person to answer counter and phone inquiries; provides information, training, and technical expertise to other staff members; appears in court to provide testimony in matters involving codes and code enforcement; performs occasional field inspections in a back-up role to building inspectors; maintains prompt, predictable, and regular physical attendance; provides truthful and accurate written and verbal communications; maintains the ability to competently and credibly testify in court; maintains ability to travel throughout and enter all different properties in the jurisdiction.

Prepares and maintains records of review activities; monitors status of problem permits; performs follow-up on projects as needed; prepares various forms, reports, and correspondence; assists in maintaining a technical library of construction materials and standards; operates automated equipment; performs other duties as assigned.

A Plan Reviewer is required to work nights, overtime, weekends, and odd hours when situations require such duty.

DESIRABLE KNOWLEDGE, SKILLS, AND ABILITIES: Thorough knowledge of all types of building construction materials, practices, and techniques pertaining to all types of construction; thorough knowledge of local, state, and national building, maintenance, and zoning codes and standards; thorough knowledge of City zoning codes and related City ordinances; ability to read and interpret building plans and specifications quickly and accurately and to detect possible deviations from regulations; ability to exercise judgment, tact, and discretion in the impartial application of departmental policies, codes, and regulations; competent in the use of office computers, including MS Office Suite and other modern office equipment; competent in the use of mobile tablet devices, including an iPad; ability to manage multiple priorities in a timely manner; ability to communicate effectively, both verbally and in writing; ability to establish and maintain effective working relationships with architects, engineers, contractors, trades people, business and property owners/agents, the public, other employees, and City officials.

CONTINUED

MINIMUM REQUIREMENTS: High School graduate/equivalent supplemented by coursework in engineering, architecture, civil technology, urban planning, or related field.

Five years of recent work experience in the fields of general building construction, commercial building inspection, plan review, and/or architectural design.

Possession of State of Wisconsin Department of Safety and Professional Services Certifications for Uniform Dwelling Code - Construction Inspector (UCI) and Heating and Air Conditioning Inspector (UHI), and for Commercial Building Inspector (CBI).

Associate's Degree in Construction Civil Engineering, Planning, Urban Studies, or architectural technology is desirable.

Possess the physical ability to perform the duties of the position including, but not limited to, frequent lifting up to 20 lbs.; the ability to occasionally bend, kneel, climb, twist, stoop, crawl, squat, reach, push, pull, etc.; continuous arching of the neck; ability to continuously focus for long periods of time on projects; the ability to occasionally walk long distances and stand for long periods of time; occasional entering and exiting of a personal vehicle; and occasional driving in variable and unfavorable weather conditions.

ACTIVITY FREQUENCIES

Continuous	67 – 100% of workday
Frequent	34 – 66% of workday
Occasionally	1 - 33% of workday
Never	0

Ability to withstand exposure to variable and unfavorable weather conditions; ability to walk on uneven surfaces; ability to perform inspections which may include exposure to odors, toxic agents, chemical spills, flooding, noise, vibrations, electrical current, vehicular traffic, dust, rodents, insects, infectious agents, and other hazards of the building environment. The employee is required to react appropriately when hazards are identified.

This position description has been prepared to assist in defining job responsibilities, physical demands, and skills needed. It is not intended as a complete list of job duties, responsibilities, and/or essential functions. This description is not intended to limit or modify the right of any supervisor to assign, direct, and control the work of employees under supervision. The City retains and reserves any or all rights to change, modify, amend, add to or delete from, any section of this document as it deems, in its judgment, to be proper.

BENEFITS: Benefits include vacation accrual upon date of hire based on the vacation schedule; a sickness disability benefit plan; twelve (12) paid holidays; a comprehensive health insurance plan (which is contributory) covering the employee and his/her family, with eligibility the first of the month following thirty (30) days of service; fully paid dental insurance covering the employee and his/her family, with eligibility the first of the month following six (6) months of service; a dual pension system comprised of the Wisconsin Retirement Fund* and federal Social Security (both of which are contributory); after six (6) months of service, a fully paid life insurance program* with coverage in the amount of the employee's annual salary adjusted to the next highest one thousand dollars, with the option for additional coverage; an educational reimbursement plan for the pursuit of job-related courses; and voluntary benefit programs consisting of Section 125: Flexible Benefits for Dependent Care and Medical Reimbursement, Section 457: Deferred Compensation, TreasuryDirect Payroll Savings Plan for Savings Bonds, Employee Assistance Program (EAP), and Employee Wellness Program.

*The Wisconsin Retirement Fund and Life Insurance program benefits are provided according to plan guidelines of the State of Wisconsin Department of Employee Trust Funds.

SALARY: The 2015 West Allis resident hourly rate range is \$30.78 to \$34.65. The 2015 non-West Allis resident hourly rate range is \$30.21 to \$33.96.

CONTINUED

EXAMINATION DATA: The first step in the selection process will be a review and evaluation of application materials to identify those applicants who are qualified in terms of training and experience as these relate to the duties and requirements of the position. Therefore, it is necessary that applicants provide clear and specific information when completing the application materials. A representative number of better-qualified applicants will then be further evaluated and rated in an oral examination to assess knowledgeability and personal suitability. **Applicants will be notified later as to the time and place of examination.**

VETERAN'S POINTS: Honorably discharged war veterans who receive an overall qualifying rating will be awarded special credit points upon presentation of proper proof (Form DD-214) of military duty. This applies to open recruitment candidates only.

POST-OFFER DRUG TEST/PROBATIONARY PERIOD: Persons offered employment must pass a post-offer drug test as a condition of employment. The City of West Allis is an at-will employer. All appointments are subject to a probationary period of six (6) months; however, employment may be terminated at any time for any reason.

HOW TO APPLY: Application forms, available online at www.westalliswi.gov, or at the Human Resources Department, Room 133, City Hall, 7525 West Greenfield Avenue, West Allis, Wisconsin, 53214, must be completed and ON FILE NO LATER THAN **5:00 P.M. FRIDAY, FEBRUARY 13, 2015.**

Please note: A job interest card may not be substituted for the application form.

Visit our website at www.westalliswi.gov for further information on the City of West Allis.

The City of West Allis is an Equal Opportunity/Affirmative Action Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status in the admission or access to, or treatment or employment in, its services, programs or activities.

Upon reasonable notice the City will furnish appropriate auxiliary aids and services when necessary to afford individuals with disabilities an equal opportunity to participate in and to enjoy the benefits of a service, program or activity provided by the City.

It is the policy of the City of West Allis to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served or likely to be directly affected by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits.

01-28-2015

05-15 (O) (P)

PRINT NAME: _____

**SUPPLEMENTAL QUESTIONNAIRE
PLAN REVIEWER**

Thank you for your interest in the **PLAN REVIEWER** position with the City of West Allis' Department of Building Inspections & Neighborhood Services. All interested applicants are required to complete this *Supplemental Questionnaire* and return it with your application. The deadline to apply is **5 p.m., Friday, February 13, 2015**.

DIRECTIONS: answer each question by checking the appropriate box.

1. Do you possess a High School diploma/equivalent supplemented by coursework in engineering, architecture, civil technology, urban planning or related field?
☐ Yes ☐ No
2. Which of the following Certifications do you currently possess from the State of Wisconsin Department of Safety and Professional Services (check all that apply):
☐ UDC-Construction Inspector (UCI)
☐ UDC-Heating and Air Conditioning Inspector (UHI)
☐ Commercial Building Inspector (CBI)
☐ Other _____
3. Do you have at least five years of recent paid work experience in the fields of general building construction, commercial building inspection, plan review, and/or architectural design?
☐ Yes ☐ No
4. Are you aware this position requires the physical ability to perform the duties of the position including but not limited to, frequent lifting up to 20 lbs.; the ability to occasionally bend, kneel, climb, twist, stoop, crawl, squat, reach, push, pull, etc.; continuous arching of the neck; ability to continuously focus for long periods of time on projects; the ability to occasionally walk long distances and stand for long periods of time; occasional entering and exiting of a personal vehicle; and occasional driving in variable and unfavorable weather conditions?
☐ Yes ☐ No
5. Are you aware this position requires the ability to withstand exposure to variable and unfavorable weather conditions; ability to walk on uneven surfaces; ability to perform inspections which may include exposure to odors, toxic agents, chemical spills, flooding, noise, vibrations, electrical current, vehicular traffic, dust, rodents, insects, infectious agents, and other hazards of the building environment?
☐ Yes ☐ No

The above-completed information is true to the best of my knowledge.

Signature of Applicant

Date Signed

Printed Name



APPLICATION FORM

ATTENTION APPLICANTS - PLEASE READ

Following are important points to know about the City of West Allis application process:

1. **Applications must be completed in full.** Applications not completed in full may be subject to disqualification.
2. A completed application form is required. You may supplement the application form with a resume; however, providing a resume does not exclude you from completing the application form in full.
3. It is to your advantage to be clear and thorough when completing the application, as it is the only means the City has of reviewing your qualifications for employment. We cannot assume more than what you tell us.
4. If you faxed or emailed your application, you still need to mail in or drop off the original in order to be considered for employment.
5. After all the applications are reviewed, the most qualified candidates will be invited to participate in other phases of the hiring process. All applicants are evaluated on job-related factors only.
6. If you are planning to be out-of-town within the next 90 days, please indicate the dates you will not be available on the front section of the application form. Dates of unavailability will be reviewed to determine if any accommodations are feasible.
7. It is the policy of the City of West Allis to provide reasonable accommodations for qualified individuals with disabilities who are applicants for employment. If you are a qualified individual with a disability and need a reasonable accommodation in the testing or interview phase of our hiring process, please contact the Human Resources Division at (414) 302-8270 or e-mail jbarwick@westalliswi.gov at least 72 hours (i.e., three (3) work days) in advance. Each request for accommodation will be reviewed on a case-by-case basis and accommodated unless it is determined to be unreasonable.
8. If you are having problems completing the application form or have any questions or concerns, contact the Human Resources Division.

The City of West Allis is an Equal Opportunity/Affirmative Action Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status in the admission or access to, or treatment or employment in, its services, programs or activities.

Upon reasonable notice the City will furnish appropriate auxiliary aids and services when necessary to afford individuals with disabilities an equal opportunity to participate in and to enjoy the benefits of a service, program or activity provided by the City.

It is the policy of the City of West Allis to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served or likely to be directly affected by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits.

(APPLICANT MAY RETAIN THIS PAGE)



Human Resources Division
7525 West Greenfield Avenue
West Allis, Wisconsin 53214

Exam No. _____

Telephone: 414-302-8270
Fax: 414-302-8275
www.westalliswi.gov

City of West Allis
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

IMPORTANT: READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT YOUR APPLICATION. EXCEPT WHERE NOTED, ALL REQUESTED INFORMATION MUST BE FURNISHED. THE INFORMATION YOU GIVE WILL BE USED TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT. PLEASE TYPE OR PRINT.

Dates of unavailability (If you are planning to be out-of-town within the next 90 days, please indicate the dates you will not be available):

Position applied for _____

Name _____
(LAST) (FIRST) (MIDDLE)

Social Security Number _____

Other names under which you have been legally known _____

Address _____
(STREET) (CITY) (STATE) (ZIP)

Phone Number: Home _____ Cell _____

E-Mail Address _____

Are you at least 18 years old? ☐ Yes ☐ No

Do you have the legal right to live and work in the United States? ☐ Yes ☐ No

Do you wish to have the information contained in your
application materials remain confidential as permitted by law? ☐ Yes ☐ No

If the job requires use of a motor vehicle, do you have a valid Wisconsin Driver's License? ☐ Yes ☐ No

If the job requires use of a Commercial Driver's License (CDL), do you have a valid CDL? ☐ Yes ☐ No

List CDL classification(s) and/or endorsement(s) _____

MILITARY SERVICE:

Have you ever served in the U.S. Armed Forces, National Guard or Military Reserves? ☐ Yes ☐ No

Branch of Service _____ Dates of Duty: From ____/____/____ To ____/____/____
MM / DD / YYYY MM / DD / YYYY

Per DD Form 214:

Type of Separation _____ Character of Service _____

Narrative Reason for Separation _____

(List and detail individual position(s)/rank(s) held under work history)

EDUCATION AND TRAINING:

Do you have a High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Name High School: <hr/> City/State: <hr/>	Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No From Where: <hr/> City/State: <hr/>	If no High School Diploma or GED, circle the highest grade or year completed: <div style="text-align: center;"> 6 7 8 9 10 11 12 </div> From Where: <hr/> City/State: <hr/>
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Training Beyond High School (Technical College, College, University, or other schools you have attended)

Name and Location	Graduated	Degree Conferred	Major
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		

List any other education, training, license(s) and/or certificate(s) – be specific and include dates.

WORK HISTORY:

GIVE A COMPLETE RECORD OF ANY EMPLOYMENT, SELF-EMPLOYMENT, MILITARY SERVICE AND/OR VOLUNTEER WORK YOU HAVE HAD IN THE PAST 10 YEARS. Start with your current or most recent job. Indicate any change in job title under the same employer as a separate position. You may include positions beyond the 10-year period if they are related to the position for which you are applying. Although resumes are welcome, they may not be substituted for the information requested below.

PRESENT OR MOST RECENT EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)	KIND OF BUSINESS
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR
YOUR DUTIES		FROM (MO. & YR.) TO (MO. & YR.)
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
		(_____ HRS. PER _____)
		ACTUAL HOURLY RATE/SALARY STARTING ENDING
		\$ _____ PER _____ \$ _____ PER _____

EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)		
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____		
EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)		
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____		
EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)		
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____		
EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)		
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____		
EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)		
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____		
EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME (_____ HRS. PER _____)		
		ACTUAL HOURLY RATE/SALARY STARTING ENDING \$ _____ PER _____ \$ _____ PER _____		

Use a separate sheet to continue with any additional qualifying employment data, using same format as above.

If you were discharged for cause from any employment, state the details: _____

List any equipment, machines, tools, or computer software you are skilled in using.

VIOLATIONS OF LAW: A Police background check may be conducted prior to a job offer.

Are you currently subject to a pending charge? ☐ Yes ☐ No

If yes, what is the pending charge? _____

Have you ever been convicted of operating a vehicle while intoxicated (OWI) or any other violations of law excluding minor traffic violations? ☐ Yes ☐ No

If yes, list and detail what you have been convicted of, date and location of conviction, and the penalty imposed: _____

(The City, as a matter of explicit policy, does not use pending charges or convictions as the sole criteria in its employment decisions; they will be considered only if there is a substantial relationship to the circumstances of the particular job or if bondability is at issue.)

Have you applied with the City of West Allis before? ☐ Yes ☐ No If yes, for what position(s) and when? _____

CERTIFICATION AND AGREEMENT

I certify that answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions herein subject me to disqualification or dismissal.

I authorize the City of West Allis to make such investigations and inquiries of my employment, character, qualifications, and medical history as may be necessary in arriving at an employment decision. I hereby release all employers, companies, schools or persons from all liability in responding to such inquiries made in connection with my application.

I further understand that in the event of employment by the City, my classification as a permanent employee depends upon my successfully performing work assigned me during a probationary period, where applicable.

(DATE)

(SIGNATURE OF APPLICANT)

(FOR HR OFFICE USE ONLY)

Comments: _____



ADDITIONAL INFORMATION

This form **MUST** be returned with your application materials.

The City of West Allis is an Equal Opportunity/Affirmative Action Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status.

To help us comply with Federal/State Equal Employment Opportunity record keeping and other legal requirements, please answer questions below.

Position applied for _____ Social Security Number _____

Name _____
(LAST) (FIRST) (MIDDLE)

Completion of this part of the form is voluntary. The information you provide will not be used in the decision to hire. If you choose not to complete this section, proceed to the bottom of the form for your signature and date.

Sex: ☐ Male ☐ Female Birthdate ____/____/____
MM / DD / YYYY Age _____

Veteran Status: ☐ Veteran ☐ Non-Veteran ☐ Disabled Veteran, Disability Rating _____%

Ethnic Group:

- ☐ **Black** (Not of Hispanic Origin) – All persons having origins in any of the Black racial groups of Africa.
- ☐ **Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
- ☐ **White** (Not of Hispanic Origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Do you consider yourself to be disabled? ☐ Yes ☐ No

[A disabled individual is: any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or has a record of such impairment or is regarded as having such impairment. Major life activities which might be substantially limited by such impairment include: walking, talking, or otherwise communicating, self-care, socialization, work training, employment, transportation or adaptation to housing (these are examples only).]

If yes, what is the disabling condition? _____

What limitations does this condition impose on major life activities? _____

How did you hear about this job? (Please specify where applicable.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Milwaukee Journal/Sentinel | <input type="checkbox"/> Job Service | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Spanish Journal | <input type="checkbox"/> City Cable Channel | <input type="checkbox"/> Community/Minority Organization _____ |
| <input type="checkbox"/> City Website | <input type="checkbox"/> Bulletin Board/Walk-In | <input type="checkbox"/> Other Advertisement _____ |
| <input type="checkbox"/> Interest Card | <input type="checkbox"/> Employee | <input type="checkbox"/> Other Website _____ |
| <input type="checkbox"/> Job Hotline | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other _____ |

The above-completed information is true to the best of my knowledge:

(DATE)

(SIGNATURE)